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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)
	20858

DEPOSIT ACCOUNT NO. 08-2525 OUR ORDER NO. <u>5668</u>
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In re Application of Hebeisen et al.	
Application Number 10/092,751	Filed Mar 7, 2002
For PIPERAZINE DERIVATIVES	
Group Art Unit 1624	Examiner Bernhardt, Emily B.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) (\$110.00) \$ \_\_\_\_\_
- ☒ Two months (37 CFR 1.17(a)(2)) (\$420.00) \$ 420.00
- ☐ Three months (37 CFR 1.17(a)(3)) (\$950.00) \$ \_\_\_\_\_
- ☐ Four months (37 CFR 1.17(a)(4)) (\$1480.00) \$ \_\_\_\_\_
- ☐ Five months (37 CFR 1.17(a)(5)) (\$2010.00) \$ \_\_\_\_\_
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-2525.
- I have enclosed a duplicate copy of this sheet.
- I am the ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

August 18, 2004

Date

Signature

Eileen M. Ebel

Typed or printed name

08/20/2004 H01UTEMA1 00000031 082525 10092751

03 FC:1252

420.00 DA

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



In re Patent Application

Paul Hebeisen, Patrizio Mattei, Marc Muller,  
Hans Richter, Stephan Roever, Sven Taylor

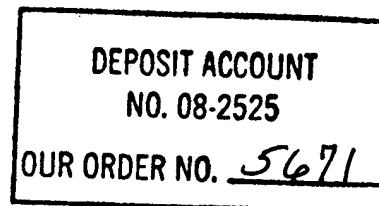
Hoffmann-La Roche Inc.  
340 Kingsland Street  
Nutley, NJ 07110  
August 18, 2004

Serial No.: 10/092,751

Filed: March 7, 2002

For: **PIPERAZINE DERIVATIVES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



Sir:

Transmitted herewith is an amendment in the above-identified application.

\_\_\_\_\_ page(s) of substitute Sequence Listing.

\_\_\_\_\_ computer disk(s) containing substitute Sequence Listing.

\_\_\_\_\_ Statement under 37 CFR §1.825(b) that the computer disk and paper copies of the substitute Sequence Listing are the same.

\_\_\_\_\_ Statement under 37 CFR §1.825(a) that the substituted Sheets of the Sequence Listing are supported in the application.

\_\_\_\_\_ No additional fee is required.

X  Petition for an extension of time under 37 CFR §1.136.

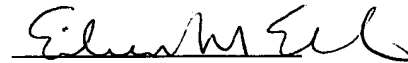
(Col. 1)		(Col. 2)	(Col. 3)		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL 41	MINUS	34	7	x \$18	126
INDEP. 4	MINUS	3	1	x \$86	86
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 290	
TOTAL					\$212

Serial No.  
Filed:

  X   Please charge my Deposit Account No. 08-2525 in the amount of \$  212.00 . This sheet is provided in duplicate.

       A check in the amount of \$        is attached.

  X   The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2525. This sheet is provided in duplicate.



Attorney of Record

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